

CERTIFICATE OF TRANSMISSION BY FACSIMILE (37 CFR 1.8)

Applicant(s): Sandra Freedman Feldman, et al.

Docket No.

RD26502

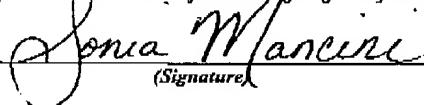
Application No.
09/303,409Filing Date
May 3, 1999Examiner
F. Ferris IIIGroup Art Unit
2128

Invention: SYSTEM AND METHOD TO QUANTIFY APPEARANCE DEFECTS IN MOLDED PLASTIC PARTS

OFFICIAL

RECEIVED
CENTRAL FAX CENTER

AUG 18 2004

I hereby certify that this Amendment Transmittal Letter (1 pg) & Response to Final Office Action (12 pgs)
(Identify type of correspondence)is being facsimile transmitted to the United States Patent and Trademark Office (Fax. No. (703) 872-9306)on August 18, 2004
(Date)Sonia Mancini
(Typed or Printed Name of Person Signing Certificate)

Note: Each paper must have its own certificate of mailing.

BEST AVAILABLE COPY

AMENDMENT TRANSMITTAL LETTER (Large Entity)				Docket No. RD26502-3	
Applicant(s): Sandra Freedman Feldman, et al.					
Application No. 09/303,409	Filing Date May 3, 1999	Examiner F. Ferris III	Customer No. 23413	Group Art Unit 2128	Confirmation No. 8332
Invention: SYSTEM AND METHOD TO QUANTIFY APPEARANCE DEFECTS IN MOLDED PLASTIC PARTS					
<u>COMMISSIONER FOR PATENTS:</u>					
Transmitted herewith is an amendment in the above-identified application.					
The fee has been calculated and is transmitted as shown below.					
CLAIMS AS AMENDED					
TOTAL CLAIMS	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE
INDEP. CLAIMS	4	7 =	0	x \$18.00	\$0.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$0.00
<p><input checked="" type="checkbox"/> No additional fee is required for amendment.</p> <p><input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____</p> <p><input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed.</p> <p><input checked="" type="checkbox"/> The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account 06-1130</p> <p><input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16.</p> <p><input checked="" type="checkbox"/> Any patent application processing fees under 37 CFR 1.17.</p> <p><input type="checkbox"/> Payment by credit card. Form PTO-2038.</p>					
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.					
 <i>Marisa J. Dubuc</i> <i>Signature</i>			Dated: August 18, 2004		
Marisa J. Dubuc Registration No. 46,673 Cantor Colburn LLP 55 Griffin Road South Bloomfield, CT 06002 (860) 286-2929 Customer No. 23413			<p>I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" [37 CFR 1.8(a)] on August 18, 2004</p> <p>(Date)</p> <p> <i>Sonia Mancini</i> <i>Signature of Person Mailing Correspondence</i></p> <p>Sonia Mancini VIA FACSIMILE</p> <p><i>Sonia Mancini</i> <i>Typed or Printed Name of Person Mailing Correspondence</i></p>		
BEST AVAILABLE COPY					
CC:					